



U.S. Embassy ABIDJAN

Date: 11/18/2015

To: Prospective Offerors

Subject: Solicitation number, SIV10016R0002

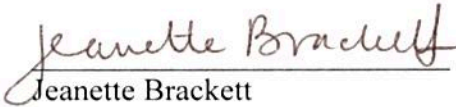
Enclosed is a Request for Proposals (RFP) for *the provision of preventive maintenance services of CDC laboratory equipments (BIO-RAD & MEDTEC equipments)*. If you would like to submit a proposal, follow the instructions in Section L of the solicitation, complete the required portions of the attached document, and submit it to the address shown on the Standard Form 1449 that follows this letter.

The U.S. Government intends to award a contract to the responsible company submitting an acceptable offer at the lowest price. We intend to award a contract based on initial proposals, without holding discussions, although we may hold discussions with companies in the competitive range if there is a need to do so.

A Pre-Bid conference is scheduled for December 10, 2015 at 14h30 GMT at PROJET RETRO-CI, CHU Treichville.

Proposals are due by **December 23, 2015 at 16H00** Abidjan time.

Sincerely,

  
Jeanette Brackett  
Contracting Officer



|  |  |                                      |  |   |   |   |   |  |
|--|--|--------------------------------------|--|---|---|---|---|--|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br><b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>      |  |                                      |  | 1. REQUISITION NUMBER<br>PR4884721  |   | PAGE 1 OF<br>2                          |   |  |
| 2. CONTRACT NO.  |  | 3. AWARD/EFFECTIVE DATE (mm-dd-yyyy) |  | 4. ORDER NUMBER   |   | 5. SOLICITATION NUMBER<br>SIV10016R0002 |   |  |
| 7. FOR SOLICITATION INFORMATION CALL:  |  | a. NAME<br>COULIBALY TENENA NOUHOUN  |  |   | b. TELEPHONE NUMBER (No collect calls)<br>22494682 / 22494000 |   | 6. SOLICITATION ISSUE DATE (mm-dd-yyyy)<br>11-27-2015 |  |
| 9. ISSUED BY<br>THE CONTRACTING OFFICER<br>AMERICAN EMBASSY, ABIDJAN<br>01 BP 1712 ABIDJAN 01<br><br>TEL: +225 22 49 40 00 |  |                                      |  | 10. THIS ACQUISITION IS<br><input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR<br><div style="display: flex; justify-content: space-between;"> <div> NAICS:<br/>SIZE STANDARD: </div> <div> <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS<br/> <input type="checkbox"/> HUBZONE SMALL BUSINESS<br/> <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) </div> </div> |   |   |   |  |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><br><input type="checkbox"/> SEE SCHEDULE                       |  | 12. DISCOUNT TERMS                   |  | 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)<br><input type="checkbox"/> 13a.  |   | 13b. RATING                             |   |  |
| 15. DELIVERY TO<br>CODE<br>PROJET RETRO-CI, CHU TREICHVILLE  |  |                                      |  | 16. ADMINISTERED BY<br>US EMBASSY ABIDJAN<br>CODE   |   |   |   |  |
| 17a. CONTRACTOR/OFFEROR<br>CODE  |  | FACILITY<br>CODE                     |  | 18a. PAYMENT WILL BE MADE BY<br>BUDGET & FINANCE OFFICER<br>AMERICAN EMBASSY, ABIDJAN<br>01 BP 1712 ABIDJAN 01<br>E-mail: AbidjanFMOinvoices@state.gov<br>CODE  |   |   |   |  |
| 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER<br><input type="checkbox"/>                            |  |                                      |  | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED<br><input type="checkbox"/> SEE ADDENDUM   |   |   |   |  |

| 19. ITEM NO.   | 20. SCHEDULE OF SUPPLIES/SERVICES                                       | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|--|---|--------------|----------|----------------|------------|
|  | Maintenance of BIO-RAD & MEDTEC equipmen one base year + 4 option years |              |          |                | 0.00       |
| 1  | * Bio-Rad EVOLIS TWIN PLUS  | 1            | all      |                | 0.00       |
| 2  | * Microplate washers  | 1            | all      |                | 0.00       |
| 3  | * Microplate readers  | 1            | all      |                | 0.00       |
| (Use Reverse and/or Attach Additional Sheets as Necessary) |   |              |          |                |            |

|  |  |                               |  |   |  |
|--|--|-------------------------------|--|---|--|
| 25. ACCOUNTING AND APPROPRIATION DATA  |  |                               |  | 26. TOTAL AWARD AMOUNT (For Govt. Use Only)<br>0.00 |  |
| <input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52 212-1, 52 212-4. FAR 52 212-3 AND 52 212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED   |  |                               |  |   |  |
| <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52 212-4. FAR 52 212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED   |  |                               |  |   |  |
| <input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. |  |                               | <input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ (mm-dd-yyyy). YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, AS ACCEPTED AS TO ITEMS: |   |  |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR   |  |                               | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)   |   |  |
| 30b. NAME AND TITLE OF SIGNER (Type or print)  |  | 30c. DATE SIGNED (mm-dd-yyyy) |  | 31b. NAME OF CONTRACTING OFFICER (Type or Print)    |  |
|  |  |                               |  | Azevedo, Jason                                      |  |
|  |  |                               |  | 31c. DATE SIGNED (mm-dd-yyyy)                       |  |
|  |  |                               |  |   |  |

| 19.<br>ITEM NO. | 20.<br>SCHEDULE OF SUPPLIES/SERVICES | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|-----------------|--------------------------------------|-----------------|-------------|-------------------|---------------|
|                 |                                      |                 |             |                   |               |

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED    ☐ INSPECTED    ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

|   |                        |                                    |  |                       |
|---|------------------------|------------------------------------|--|-----------------------|
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE          |                        | 32c. DATE<br>(mm-dd-yyyy)          | 32d. PRINT NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |                       |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE    |                        |                                    | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |                       |
|   |                        |                                    | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |                       |
| 33. SHIP NUMBER   | 34. VOUCHER NUMBER     | 35. AMOUNT VERIFIED<br>CORRECT FOR | 36. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 37. CHECK NUMBER      |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                        |                                    |  |                       |
| 38. S/R ACCOUNT NUMBER  | 39. S/R VOUCHER NUMBER | 40. PAID BY                        |  |                       |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT   |                        | 42a. RECEIVED BY (Print)           |  |                       |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                  |                        | 41c. DATE<br>(mm-dd-yyyy)          | 42b. RECEIVED AT (Location)  |                       |
|   |                        |                                    | 42c. DATE REC'D (mm-dd-yyyy)   | 42d. TOTAL CONTAINERS |